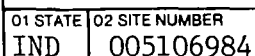


| | | | |
|--|----------------|--|---------------------------------------|
| POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT | | I. IDENTIFICATION | |
| | | 01 STATE IND | 02 SITE NUMBER 005106984 |
| II. SITE NAME AND LOCATION | | | |
| 01 SITE NAME (Legal, common, or descriptive name of site) Deversetech (General Tire and Rubber) | | 02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 1 General Street | |
| 03 CITY Logansport | 04 STATE IN | 05 ZIP CODE 46947 | 06 COUNTY Cass |
| 09 COORDINATES LATITUDE 40° 45' 15.0" | | LONGITUDE 86° 22' 30.0" | |
| 10 DIRECTIONS TO SITE (Starting from nearest public road) | | | |
| EPA Region 5 Records Ctr. 299506 | | | |
| III. RESPONSIBLE PARTIES | | | |
| 01 OWNER (If known) Gencorp | | 02 STREET (Business, mailing, residential) One General Street | |
| 03 CITY Akron | 04 STATE OH | 05 ZIP CODE 44329 | 06 TELEPHONE NUMBER () |
| 07 OPERATOR (If known and different from owner) Joseph Johnson | | 08 STREET (Business, mailing, residential) One General Street | |
| 09 CITY Logansport | 10 STATE IN | 11 ZIP CODE 46947 | 12 TELEPHONE NUMBER (219) 753-5131 |
| 13 TYPE OF OWNERSHIP (Check one) | | | |
| <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN | | | |
| 14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) | | | |
| <input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED: 8/3/82 MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: 5/7/81 MONTH DAY YEAR <input type="checkbox"/> C. NONE | | | |
| IV. CHARACTERIZATION OF POTENTIAL HAZARD | | | |
| 01 ON SITE INSPECTION | | BY (Check all that apply) | |
| <input checked="" type="checkbox"/> YES DATE: / / MONTH DAY YEAR <input type="checkbox"/> NO | | <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) | |
| CONTRACTOR NAME(S): _____ | | | |
| 02 SITE STATUS (Check one) | | 03 YEARS OF OPERATION | |
| <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN | | 1979 present <input type="checkbox"/> UNKNOWN BEGINNING YEAR ENDING YEAR | |
| 04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Organic (toxic, persistent) | | | |
| 05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION No on-site disposal. No hazardous waste on-site past 90 days. No known problems. | | | |
| V. PRIORITY ASSESSMENT | | | |
| 01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) | | | |
| <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form) | | | |
| VI. INFORMATION AVAILABLE FROM | | | |
| 01 CONTACT George Oliver 810 1/20 | | 02 OF (Agency/Organization) Indiana State Board of Health | |
| 03 TELEPHONE NUMBER '317' 243-5038 | | | |
| 04 PERSON RESPONSIBLE FOR ASSESSMENT Stephen Gentry | | 05 AGENCY LPC | 06 ORGANIZATION ISBH |
| 07 TELEPHONE NUMBER '317' 243-5039 | | 08 DATE 9/18/84 MONTH DAY YEAR | |



| | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> A TOXIC | <input type="checkbox"/> E SOLUBLE | <input type="checkbox"/> I. HIGHLY VOLATILE |
| <input type="checkbox"/> B CORROSIVE | <input type="checkbox"/> F INFECTIOUS | <input type="checkbox"/> J EXPLOSIVE |
| <input type="checkbox"/> C RADIOACTIVE | <input type="checkbox"/> G FLAMMABLE | <input type="checkbox"/> K REACTIVE |
| <input type="checkbox"/> D PERSISTENT | <input type="checkbox"/> H IGNITABLE | <input type="checkbox"/> L INCOMPATIBLE |
| | | <input type="checkbox"/> M NOT APPLICABLE |



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IND 005106984

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: _____ (Acres) 04 NARRATIVE DESCRIPTION

Possible spillage around hoppers.

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☒ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: 20 04 NARRATIVE DESCRIPTION

Employee overcome by fumes in '84. Indiana OSHA and company safety officers solved problems.

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IND 005106984

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

This plant is a bushing manufacturer for automobile suspension parts. A new plant (1979) with no on-site storage, a large hopper is used for hazardous wastes and properly disposed when full.

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

Mr. Ernest Norlin, Cass Co. Health Dept., phone conversation(219-722-5050)
Phone conversation, Mr. Joe Johnson, Plant Environmentalist (219-753-5131)